

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4889AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2009
NAME OF PROVIDER OR SUPPLIER DIAMOND RESIDENTIAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 PRINCE WAY RENO, NV 89503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 5/19/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and four employee files were reviewed. There were no discharged resident files to review. The following deficiencies were identified:	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on interview and record review on 5/19/09, the facility failed to ensure that 1 of 4 employees	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 complied with NAC 441A.375 regarding annual tuberculosis testing (Employee #3) for the protection of all residents. Severity: 2 Scope: 3	Y 103			
Y 105 SS=B	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on interview and record review on 5/19/09, the facility failed to ensure 2 of 4 employees had copies of their 2007 FBI background check reports in their files (Employee #2 and #4). Severity: 1 Scope: 2	Y 105			
Y 881 SS=D	449.2742(6)(b) Medication / change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record	Y 881			

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Y 881	<p>Continued From page 2</p> <p>maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review on 5/19/09, the facility did not ensure it obtained a discontinue order from the physician for Aricept for 1 of 5 residents (Resident #5). The resident's wife told the facility the physician had discontinued the medication.</p> <p>Severity: 2 Scope: 1</p>	Y 881			

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